MAXIMUS Federal Services

Case Number:	CM14-0042075		
Date Assigned:	06/30/2014	Date of Injury:	03/10/2008
Decision Date:	08/20/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46-year-old female who was reportedly injured on 3/10/2008. The mechanism of injury was noted as a pushing injury. The most recent progress note, dated 5/29/2014, indicated that there were ongoing complaints of neck pain, and low back pain. The physical examination demonstrated cervical spine positive tenderness to palpation and muscle spasm noted over the cervical spine. There was normal range of motion with pain in all directions. No recent diagnostic studies were available for review. Previous treatment included psychological referral, physical therapy, medications, and conservative treatment. A request was made for electromyogram of the left upper extremity, nerve conduction velocity of the left upper extremity, electromyogram of the right upper extremity, nerve conduction velocity of the left upper extremity, and was not certified in the pre-authorization process on 4/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

(EMG) Electromyography for left upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Electromyography (EMG) and nerve conduction velocities (NCV) are supported to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Based on the clinical documentation provided, the claimant was documented as presenting with chronic neck and back pain from work related injury in 2008. After reviewing the medical documentation provided, there was no determination of any physical examination findings documenting radiculopathy in a specific dermatome. Therefore, the requested diagnostic study is deemed not medically necessary.

(NCV) NERVE CONDUCTION VELOCITY FOR RIGHT UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Electromyography (EMG) and nerve conduction velocities (NCV) are supported to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Based on the clinical documentation provided, the claimant was documented as presenting with chronic neck and back pain from work related injury in 2008. After reviewing the medical documentation provided, there was no determination of any physical examination findings documenting radiculopathy in a specific dermatome. Therefore, the requested diagnostic study is deemed not medically necessary.

(NCV) NERVE CONDUCTION VELOCITY LEFT UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Electromyography (EMG) and nerve conduction velocities (NCV) are supported to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Based on the clinical documentation provided, the claimant was documented as presenting with chronic neck and back pain from work related injury in 2008. After reviewing the medical documentation provided, there was no determination of any physical examination findings documenting radiculopathy in a specific dermatome. Therefore, the requested diagnostic study is deemed not medically necessary.

(EMG)Electromyography for right upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Electromyography (EMG) and nerve conduction velocities (NCV) are supported to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Based on the clinical documentation provided, the claimant was documented as presenting with chronic neck and back pain from work related injury in 2008. After reviewing the medical documentation provided, there was no determination of any physical examination findings documenting radiculopathy in a specific dermatome. Therefore, the requested diagnostic study is deemed not medically necessary.